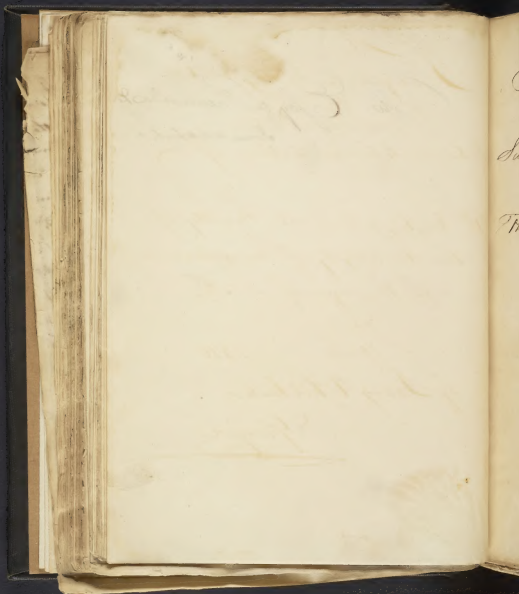


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No. 3

No Essay on Pneumonia &c
James Whitbread



An
Inaugural Dissertation
on
Pneumonia Vera
Submitted to the examination of

The Trustees & Medical Faculty of
the University of Pennsylvania
for the degree of L. M.

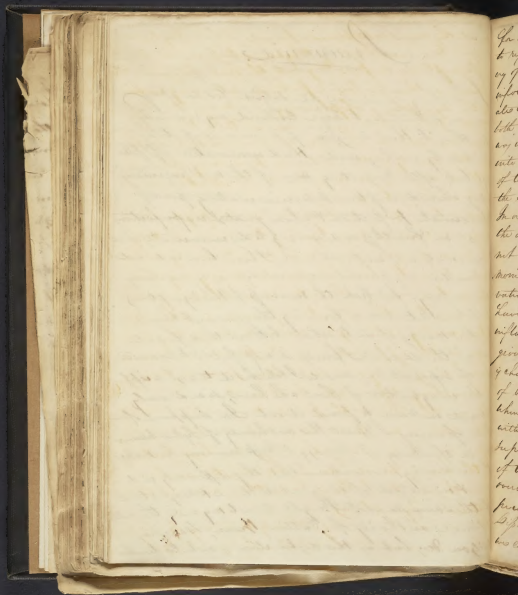
on
April 1870
by James Whitehead.

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Pneumonia.

In making choice of a fit subject for an essay it was my intention to have confined my remarks, altogether to that division of pulmonary affections described by authors under the denomination of Pleurisy, but after perusing some of the most ingenious writers, whose descriptions & discriminating power approximate perfection & whose greatest imperfections consist in fruitlessly endeavouring to discriminate, where discrimination is impracticable, I have been induced to abandon my previous determination as injudicious & unnecessary: for from the sameness of the symptoms which are detailed as forming the generic & characteristic marks of distinction between the different kinds of the disease I found it impossible to draw a line of separation, nor do I believe it to exist except in the imagination of those who have so ardently laboured in vain to point it out. In support of these opinions I have the authority of Sydenham. For in speaking of Pleurisy & Peripneumony he makes the following observation, "that they differ only in degree & in respect of the great vessels & lungs & tend of the same cause." I might also to my aid the additional authority of Cullen, Brown, Barwin, Wilson &c; but as the distinction is not extended



In at this more enlightened period, I shall beg leave
to refer to a case cited by Clapton to prove the truth
of symptoms in pointing out the seat of disease, the
informing us that he lost a patient labouring under
also the symptoms of pleurisy, but on dissection he found
both the pleura & lungs in a sound state, the diaphragm
was inflamed & an abscess in the liver which had opened
into the cavity of the abdomen, producing suppuration
of the contiguous parts, inflammation & adhesion of
the small intestines.

In order to be more methodical & in compliance with
the usual form of writing history this disease, it may
not be improper before I enter more minutely on Pneumonia
vera to which I propose confining my observa-
tions, to point out the different subdivisions which
have arrested the attention of authors. When the
inflammatory action is seated in the lungs, they have
given it the appellation of Pneumonia, which
is characterized by a dull & obtuse pain, difficulty
of breathing, expectoration &c.

When in the Pleura, the pain is more acute, attended
with little or no expectoration I should delirious
superimposed it is Empyema. No enlargement
of the heart, pericardium & mediastinum, been
overlooked. Each have had their name & their
peculiar symptoms.

Expectoration, which is certainly the only true way by which
we can arrive at the real seat of disease, by no

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many Continuance of their imaginary diagnosis, & still
diff. reluctantly, relinquish them, as unattainable, from
a belief, that were it possible to ascertain from symptoms
the precise part affected, we should not in the smallest
degree be benefited by the acquirition.

Experience teaches they are the result of the same
Cause, & their cure effected by the same remedies.

Pneumonia Vera.

In the consideration of every disease, it becomes the
duty of the author in the first place to investigate
its nature, that is, whether it be an Idiopathic or Sym-
ptomatic affection. In support of both which opinions
respectable authority might be adduced relative to
the disease, I before us, but as it is not uncommon
for primary Cause to be lost in the magnitude
of their effects, I think myself at least very able in
hazarding the opinion of its belonging to the latter
division, when it does not proceed from mechanical
injury, as Contusion, wound &c, & when I contemplate
the Cause which produces this affection & the symptoms
which precede the diagnostic marks of pneumonia.

I am much more confident in this opinion of its being
the effect of a diseased system with local determina-
tion, but to prove more incontrovertibly the correctness of
this opinion, it will only be necessary to pay attention
to the primary symptoms of the disease.

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Those who are most subject to pneumonia it is remarked
are the strong, vigorous, & plethoric, who use much quinine,
& readily digest their food & particularly those of the
description who are subject to Coughs. It is most apt
to occur in Cullen informing us between the ages of
forty-five & sixty, but no age is exempt from it, it may
& does occasionally occur at every period of life, from
the cradle to very advanced age, altho' we may expect to
meet with it much more frequently at the time of life
mentioned by our author. - The most frequent cause
of pneumonia is a long exposure to cold damp
weather or a sudden change from cold to heat & vice
versa. I cannot understand Dr. Cullen, when he
says, the cause already pointed out, produces, the
disease by checking perspiration & determining to
the lungs, & that the cold ~~is~~ ^{is} coming in contact
with the ~~the~~ ^{the} lungs rather suppose it is the result
of the great sympathy which exists between the Skin
& lungs & that the cold having been coming in contact
with the Skin produces debility which is communicated
to the respiratory organs, thereby rendering them
more irritable, so much so that an exciting cause, or
only necessary to give rise to that high grade of
inflammation which characterizes this disease. It
may however much increase the violence of the disease
by checking perspiration; for by so doing, the temperature
of the lungs would be increased & consequently the inflamma-
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Dr Brown remarks & always in reference to the history
they act like not as a remote & distant cause, by in-
ducing debility in the pulmonary agency. From the im-
mediate connection which exists between them & the gas-
trics air? I think this conjecture not an improbable
one, as experience teaches that the lungs are more easily
affected by the rarity & density of the air & by not
by the temperature? For unless I am admitted that
a greater degree of debility or prostration is to be
the result of action may be present in the lungs, than
exists in other parts of the system, that the pro-
stration may be produced by causes which do not af-
fect the general system in an equal degree. I should
suppose it difficult to account why long & loud speak-
ing, singing, playing on winding instruments or any un-
indicated exercise of the lungs, which are justly con-
sidered by authors among the causes, but I say so be-
cause to us the fact, that the lungs that may in many
cases produce to disease, than any other part of the
system from the effect of the causes already enumerated
the especially among the above. For an exciting cause
only wanting to act on this prostration of the sys-
tem to take on disease, which will always be in
proportion to the quantity of prostration & force
of exciting cause. & the former existing in a greater de-
gree in the lungs, than in any other part, it follows of

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The symptoms which precede what is chiefly called
Pneumonia, viz., are a sense of oppression, & pain
over the breast frequent pulse, attended with
shivering alternating with flushes of heat. In-
frequently heat & fever supervening accompanied
with heat, thirst, anxiety &c. &c. the symptoms
which characterize the common inflammation of
synchus state of fever which continuing for
many hours & even days perhaps before we
discover the diagnostic marks of pneumonia, which
are pain, difficulty of breathing, cough &
strong, hard & quick pulse. These are the most
uniform symptoms, those which are said more
directly point to the throne of the disease and
as I usually, that I shall endeavour to speak more
minutely of them, as it is from an intimate
acquaintance with them that we are enabled
able to form a judgement of the probability
of the disease.

The pain of pneumonia is occasioned by the con-
spiring inflammation & probably in some
degree by the adhesion which takes place
between the cells of the lungs or between the
membranes attached to them & pleura. It
follows of course that the distinction of the
former & the posterior with that distinction

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much more in the latter can bear, so that
less than to produce as pain, as the sensibility.
The parts are much injured, & the pain differing
as respects kind & degree; it is increased on each
inpiration, & is increased as we draw more
tolerably by different positions of the body. Lying
on the back will sometimes afford ease, when
the patient cannot rest on either side, nor is it
unfrequent to see the unhappy sufferer com-
pelled to abandon a horizontal & such relief
in an erect position or posture. The seat of the
pain is not confined to any particular
part, though most frequently in one or the
other side; it often shifts from part to part
of the thorax sometimes extending as high up as
the clavicle & scapula & as low down as the
kidneys — the seat of the pain's shifting is
not afforded ground & very good evidence of being
either a secondary affection. The difficulty of
breathing depends much on the same cause
which induces pain, when the latter exists we
may always certainly expect to find the former
in a greater or less degree & so much are they
influenced by similar circumstances
that to describe the one is to bring out the
principal features of the other —

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The cough which is one of the most disagreeable & the
a frequent occurrence in Pneumonia affecting, espe-
cially tendency in most instances, to increase the pain
& inflammation, is caused by an effused or extravasated
fluid either into the bronchus or its ramifications
which act as an irritant on those parts rendered
more exquisitely sensible by inflammation. It is
mostly dry in the commencement of the disease,
afterwards becoming humid & attended with a
cough & expectoration of mucus. Sometimes resem-
bling pus, streaked with blood & colored with
a brown or black matter, it differs however
much as to quantity, consistency & color in
the different stages of the disease.

There is no circumstance connected with this
disease which merits in so pre-eminent a degree
the attention of the Physician as the pulse; in
practice it must be our pilot, by which we
must be directed: for without a knowledge
of it we can neither practice correctly or
successfully in this or any other form of disease.
It is in most instances strong, hard, quick & frequent
it is not alike in all cases, nor made it be expected,
other than symptomatic subject to variation —
but occasionally find it intermitting, irregular &
depressed: they should be recollected, particularly

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as the practice is to be influenced by it. The pulse
even varies in different arms in the same person, Dr.
Chapman observing he found it most serene in the op-
posed side, hence the propriety, & allowing a
judgment of the case, to sub. the purgation in both
arms. No certain Standard can be given to
the temperature of the body. It is in proportion
to the height of the Pyrexia & the quantity of pers-
piration. Dr Chapman informs us that in general
he found the heat natural & on a few high so, but
in by far the greater number much augmented,
even as high as from 102 to 104 of Fahrenheit. In
most cases there is either a costiveness or a diar-
rhea of the bowels. The skin is hot & dry, face
& eyes clayed, tongue dry, white & rough & some-
times dark. All these symptoms vary exceedingly
in different constitutions & according to the
grade of the disease.

I shall now point out a few of those appear-
ances, upon which have been predicted a
dreadful or unfavorable issue of the disease.
A dry Cough attended with much pain, diffi-
culty of breathing, flushing of the face, a wild
& staring eye &c are considered unfavorable, but
when there is no pain or Cough, we have much
more danger to apprehend, for it evinces the
highest grade of morbid action.

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When the disease has arrived at this stage, a patient is
is frequently an attendant upon a whole host of different
of breathing still continuing, which so far from being
that many cases suppose, favorable symptoms
to show the progress of death. It being that the
certainty is changed, that the patient, as common
in the history of the influenza, & that the of
curious which we then consider as a termination
peculiar to the lungs is about to take place. In
creation given in the death on the consequences.
The patient of the alarming & the dyspnoea sym-
ptoms similar to this is mentioned by Chyphorus, as
likely to occur about the third day after turning
again on the fourth or fifth with even aged women.
In such cases the termination is for the most part
fatal. Their impending termination, deserves peculiar
attention, the increasing danger, however, is
forgotten. It would, if not noticed, give the
physician a favorable, the false opinion of the
patient's case & he would be apt to be
glad when he stood in the most good of
Medicals aid. In Chyphorus honestly confesses
that he was frequently deceived by these trou-
bles, in dismissing patients, so to the great dis-
advantage of his patients. The transition
from one to another by soon a change,

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Not only as a favorable symptom, but presume
depending altogether on the part to which it is translated.
If from a vital to a part less important to life
should always consider it as favorable - Willen says
always favorable when the pain is translated from
the thorax to the arm; bilious eruptions add
our author generally terminating the disease, when
they occur. Sydenham & Chephorn have both
left testimony in favor of the salutary tendency
of dyspnoea in lamination in removing the
disease - Should the pulse be long, intermitting
or natural. Chephorn, informing us we have the
greatest danger to fear. This observation is con-
firmed by professor Rush. - Heave & expecto-
ration without much straining or cough
is always favorable, should it be thickened with
blood we need not be alarmed, it is in this
stage a good sign. - Expecto discharge of urine
which after standing a short time, becomes
turbid & deposits a thick sediment indicating
a happy termination. So much confidence Dr
Chephorn places in this circumstance, that he says
he has known it alone cause a favorable crisis of
the disease. When the patient is able to lie
soundly in a natural or horizontal position

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without starting or manifesting any symptoms of
disturbance, when he can make a full inspiration
without much difficulty a pain, conjoined with
some of the salutary symptoms already hinted at
we may with propriety inform him that the
storm is over, & that with prudent care he may
calculate on being soon returned to the army of
Health & security.

Pneumonia Vera which differs from inflamma-
tion in no other part, except in kind & degree,
may terminate in resolution, suppuration & gangrene. It may end by effusion of which I have
before spoken, by inducing Erysipelas, Erysipelas
pulmonis & dropsy of the pericardium. It
has been by me, to him, of the only one which has
lost the hope of complete restoration to health. It is in-
dicated by the most of the symptoms which have been
enumerated as salutary, such as the free expectoration
of thick, white or yellowish matter tinged with blood,
a copious discharge of urine which deposits a turbid
sediment & general spontaneous sweat. Should
not these favorable symptoms show themselves
before the seventh day we have reason to fear
suppuration, which may however be protracted to
a much later period. Dr Cullen remarks, to the
L.A.P. was so informed by M^r Wilson that

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1. When may take place after the 4th day. & continued for four or five days. But at any period of the disease should the patient be afflicted with jointed cold & shivering, should his pulse become more or less frequent, full & soft we may conclude that the suppurative process has already commenced. Added to the above symptoms, should there be an obtrusive dry cough, should pain continue with difficult breathing while the pain becomes less, should thirst be considerable with night sweats & at irregular intervals, should the lips & cheeks become of a circumscript red appearance attended with a pallid countenance, emaciation or great debility of the body, we can have little doubt but that the suppurative process has progressed & that an abscess, formed, has tendency to gangrene, which is the most fatal but by far the most rare termination may be known from the great violence of the disease existing at the time. When it is improving there is a partial or total cessation of pain, difficulty of breathing, the pulse becoming weak, frequent & intermitting the cheeks become far red lived here the breath is free. The matter expectorated assumes an ichthyous appearance a skin as is depicted in the accompanying drawing of appearance.

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It tends to prevent the disease from
causing the sufferer any serious illness. but as there
nothing to say - from my own observation I must re-
fer to books, where they will be found much
more correctly detailed than I could give them.
I shall therefore keep them over & refer to the
method of treatment of Pneumonia -

The remedy by which this disease has been sub-
jected to the dominion of medicine, have by all
physicians been divided into general & local.
Under the first heading to be considered that potent
& irremediable remedy Bloodletting, & for it is
now in the treatment of this disease, the value
of medicine would be but too frequently summoned
to the bed of affliction only to witness the im-
pact of their Science. It may justly be styled
the anchor of hope in the treatment of this dis-
ease before us - which has been said of the quan-
tity of blood it is proper to take from a patient
laboring under Pneumonia. When we consider
the variety of Constitution that may be affected
by it & the different grades of the disease which
may appear in each Constitution, even in the
same at different times, it will readily be

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perceived, that it is impracticable to spare the quantity which any one attack of the disease may demand. We are informed by Mr. Edmonstone, that he seldom knew a true pleurisy cured without the loss of 400 oz. of blood. I have known one vessel be valuable testimony in favor of this, "sitting & lying by the pleurisy" was enabled by bleeding when drawn to the limited hand to be too small generally - the remedy was not with a view to violent but his was too late. It had engaged himself from the brain, which, the ignorance & prejudice of his predecessors, had thrown about him. Perhaps a practitioner at some bold & salutary - for he often derived the greatest advantage from drawing upwards of 350 of blood in the course of 4 or 5 hours, even this quantity ^{was not} not infrequently found too small. There can be no rule given the physician's judgment, must be altogether influenced by the constitution of the patient, age, climate, & position, the nature of the prevailing Epidemic & also the grade of the disease. If a physician forms his judgment by these circumstances & regulates his practice accordingly, reputation & wealth will reward -

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The most effectual direction, that can be given, is, to bleed until the pain & difficulty of breathing are relieved, the arterial action reduced, or until syncope is about to commence. We are advised to the advice & minute attention, that if our patients are apt to faint to bleed them in a horizontal position or to have the head inclined lower than the body: for it will in most prove syncope. The reason of this precaution (says Dr. Rutherford) is evident, viz, that while the motion of the heart is suspended during fainting the blood stagnates in the right side of the heart & is afterwards thrown with great impetuosity against the lungs. Fainting from the first bleeding should not prevent a repetition of it, if necessary, or we may with confidence assure the patient that it will not again occur. Both Dr. Cullen & Professor Rush bear testimony of the truth of the remarks. —

Having determined on the propriety of bleeding, as subject of enquiry among Physicians has arisen, viz. from what part should it be taken. Relative to such enquiry a dispute little need be said, as it is a circulating tumor of minor consideration. Should it put the Patient to no

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in commencing. I should draw it most proper
to follow the directing of those who directed it
to be taken from the arm of the affected side.
From the circumstance of the pulse varying in
force & frequency in the different arms, something
there may be good foundation for this, prac-
tice. The blood drawn from different arms
has exhibited different appearances of dis-
ease. For a known case of this fact I am in-
debted to Mr. John Rush. Bleeding has been
objected to after the disease has existed for
a few days. Although most effectual in the
early part of the disease, yet it is proper &
should be employed at any stage provided
the symptoms indicate it. It has been
condemned upon the ground of its thwarting
the operation of nature in carrying off
the disease by expectoration, sweating &c.
These objections are neither supported by
experience or theory. Dr. Cullen remarks so
far from checking expectoration he has known
it increased by bleeding. Oglehorn informs
us a patient on horse a pain in the right
side for which he had been bled, who
was cured by expectoration from the right nostril.

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The discharges of blood¹⁰ though in considerable
brought on a profuse sweat & thereby effected a
cure. There was no bloodletting in certain states
of the system, & our best diaphoretic & expectorant.
None any Sydenham unacquainted with this fact
when he makes the orifices of a vein perform the
function of a windpipe. The fear of inducing
debility must be no obstacle to the free use of the
lancet; as Chyhorn remarks that those who lost
a large quantity of blood recovered their health
& strength very soon, while on the contrary, those
that are more sparingly bled continued in
a languid & infirm state for many months
without being able to get rid of the pain &
cough. The second remedy is purging. We need
not expect any very great advantage from
this complaint. After the violence of the symp-
toms have been reduced by bleeding it has
been found advantageous to exhibit Cathar-
tic medicine. This was the practice of Syden-
ham, Chyhorn & Barlow. The ~~two~~ latter recom-
mended mercurial purgery. The bowels in
all cases should be kept open, as well
as purgery, & glysters should by no means
any expectated —

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Emetic Medicines are always improper except when exhibited in such doses as only to excite nausea given with this intention they act as important remedies, by promoting expectoration & detersion -
ing to the skin. For this purpose the different preparations of antimony have generally been preferred.

The practice of Sweating in this disease, has too lately retained the confidence of many Physicians, but it should be had recourse to with great caution: for it is always a dangerous & improper remedy while the inflammatory action continues. If it occur spontaneously it should be promoted by moderately warm drinks as barley water, flax seed tea, sage & cham tea &c. After the inflammatory action is removed by the means already mentioned should a Cough remain attended with general debility, which is not unfrequently the case, it will be proper to give Stimulating Medicines as Opium, Cal. alk. &c. The Mucilaginous as prepared in the Hospital is perhaps one of the best remedies for the Cough, Mucilaginous Sarsaparilla preparations have the same happy effect should be advised.

